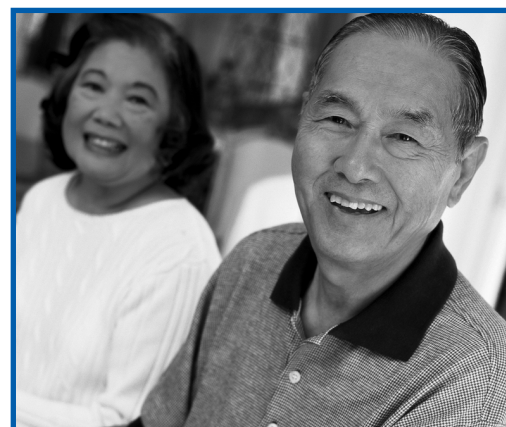
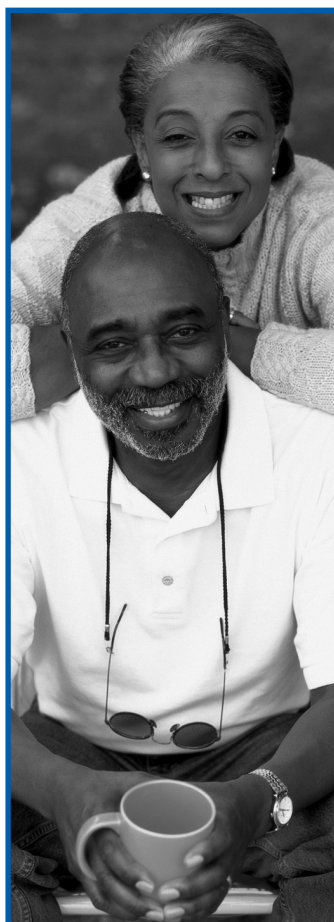


Preventing and Controlling Cancer

The Nation's Second Leading Cause of Death 2005



"While many advancements have been made in cancer control, disparities among racial and ethnic minority and medically underserved populations still exist. A comprehensive approach to cancer prevention and control that puts proven strategies to work at state and community levels can substantially address the gaps in cancer control."

*Donna Stroup, PhD
Acting Director
Coordinating Center for Health Promotion, Centers for Disease Control and Prevention*

The Burden of Cancer

Deaths and New Cases

Cancer is the second leading cause of death in the United States. In 2005, an estimated 570,280 Americans—or more than 1,500 people a day—will die of cancer. Approximately 19.9 million new cases of cancer have been diagnosed since 1990, and about 1.4 million new cases will be diagnosed in 2005 alone. This estimate does not include preinvasive cancer or the more than 1 million cases of nonmelanoma skin cancer expected to be diagnosed this year.

Racial Differences

Cancer does not affect all races equally. African Americans are more likely to die of cancer than people of any other racial or ethnic group. From 1997 through 2001, the average annual death rate per 100,000 people for all cancers combined was 253 for African Americans, 200 for white Americans, 137 for Hispanic Americans, 135 for American Indians/Alaska Natives, and 122 for Asians/Pacific Islanders.

Financial Costs

The financial costs of cancer are overwhelming. According to the National Institutes of Health, cancers cost the United

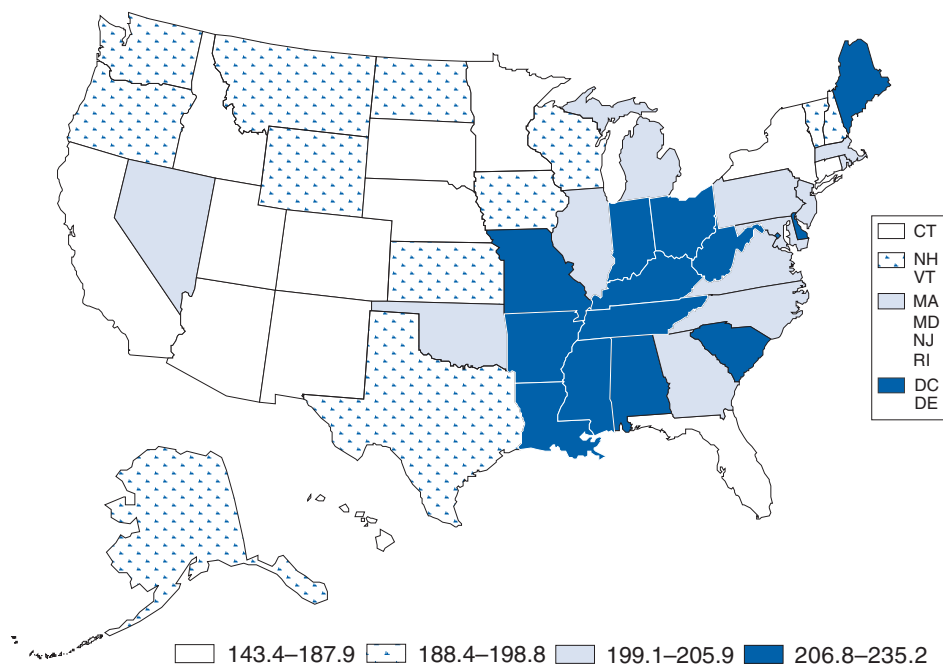
States more than \$189 billion in 2004. This amount includes over \$69 billion in direct medical costs and more than \$120 billion in lost productivity.

Effective Prevention Measures

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition, and avoiding sun exposure—can significantly reduce a person's risk for cancer.

Making cancer screening, information, and referral services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers may actually prevent these cancers from developing by detecting treatable precancerous conditions.

Rates of Death Due to Cancer*



* Deaths per 100,000, age adjusted to 2000 total U.S. population. Data are grouped in quartiles.
Source: National Center for Health Statistics, CDC, 2001.

CDC's Leadership in Detecting, Preventing, and Controlling Cancer

CDC is committed to ensuring that all people achieve their optimal lifespan with the best possible quality of health in every stage of life. With a number of important new health impact goals, CDC is setting the agenda to enable the American people to enjoy a healthy life by delaying death and the onset of illness and disability. In addition, CDC works to eliminate disparities by accelerating improvements for those at the greatest risk of poor health.

With fiscal year 2005 funding of \$414 million (\$309.7 million for cancer prevention and control activities and \$104.3 million to address smoking and health issues), CDC provides national leadership for preventing cancer and promoting its early detection. CDC also works with its partners to carry out a variety of activities.

For example,

- CDC provides funding and technical assistance to help states, territorial health agencies, and tribal organizations collect data on cancer incidence and deaths, cancer-related risk factors, and the use of cancer screening tests.
- CDC conducts and supports studies to improve understanding of the factors that increase a person's risk for cancer and to identify prevention opportunities. CDC also evaluates the feasibility and effectiveness of cancer prevention and control strategies.
- CDC works with many partners to translate research into public health programs, practices, and services. To ensure that these innovations reach the people who most need them, CDC helps state, territorial, and tribal-serving health agencies build the capacity to apply scientific advances and to develop strong cancer control programs. CDC also works with states to collect data to identify appropriate prevention, early detection, and treatment measures; respond to community concerns; and evaluate programs.
- CDC develops communications campaigns and educational materials on cancer prevention for both health professionals and the public. CDC also helps its partners strengthen their education and training programs on cancers that respond to prevention and treatment.

CDC's Cancer Programs

CDC takes a comprehensive, broad-based approach to preventing and controlling cancer, as the following programs and initiatives demonstrate.

The National Comprehensive Cancer Control Program integrates and coordinates efforts to reduce cancer's effects by monitoring cancer cases, developing policies to promote cancer prevention and control, developing cancer education programs, establishing intervention programs that target populations at high risk, supporting screening and education services, and evaluating programs. With fiscal year 2004 funding, CDC provided support for building coordinated cancer control programs in 49 states, the District of Columbia, 5 tribes and tribal organizations, and 6 U.S. Associated Pacific Islands/territories. The funds were used to establish cancer coalitions, provide epidemiologic support for cancer control efforts, and develop and carry out comprehensive cancer control plans.

The National Breast and Cervical Cancer Early Detection Program has provided over 5 million breast and cervical cancer screening and diagnostic tests to almost 2.1 million low-income women over the past decade. The program also supports education and outreach activities, case management services, and research to increase screening rates. CDC

supports early detection programs in all 50 states, 4 U.S. territories, the District of Columbia, and 13 American Indian/Alaska Native organizations.

The National Program of Cancer Registries (NPCR) collects data on the occurrence of cancer; the type, extent, and location of the cancer; and the type of treatment. CDC supports cancer registries in 45 states, the District of Columbia, and 3 territories. The NPCR and the National Cancer Institute's Surveillance, Epidemiology, and End Results Program recently published *U.S. Cancer Statistics 2001: Incidence and Mortality*, which includes data on about 92% of cancers diagnosed in 2001 as well as state-specific cancer data from 43 states, 6 metropolitan areas, and the District of Columbia.

Through **colorectal cancer prevention and control initiatives**, CDC and its partners are promoting colorectal cancer screening nationwide by supporting education and research programs, including studies to determine barriers to colorectal cancer screening. For example, the *Screen for Life* campaign addresses common myths about colorectal cancer screening and educates Americans that screening saves lives by finding precancerous polyps and detecting cancer early.

A Call to Action: Prevention and Early Detection of Colorectal Cancer targets primary care providers with the goal of raising their awareness about the importance of prevention and early detection. It offers Web-based tools that providers can use to help patients select cancer screening options.

Through **prostate cancer control initiatives**, CDC provides the public, physicians, and policy makers with the information they need to make informed decisions about the potential risks and benefits of prostate cancer screening. CDC materials include two versions of *Prostate Cancer Screening: A Decision Guide*, one for all men who are considering prostate cancer screening and the other specifically for African American men. CDC has also developed a slide presentation, *Screening for Prostate Cancer: Sharing the Decision*, that gives primary care physicians information about the potential benefits and risks of screening.

Through the **skin cancer primary prevention and education initiative**, CDC supports skin cancer monitoring, research, education, and interventions. CDC published the *Guidelines for School Programs to Prevent Skin Cancer* to spread the word about strategies that have reduced skin cancer risks among students aged 5–18. In addition, CDC is working with state and local education agencies and other partners to put these strategies into practice in Colorado, Michigan, and North Carolina schools.

Through its **ovarian cancer control initiative**, CDC is working with academic and medical institutions and advocacy groups to identify factors related to the early detection and treatment of ovarian cancer, about which little is known. Three cancer registry programs also receive NPCR funds to evaluate care and outcomes for patients with ovarian cancer.

Through its **Tobacco Control Program**, CDC provides national leadership for comprehensive efforts to reduce tobacco use through state and community interventions, countermarketing, policy development, surveillance, and evaluation. In addition, CDC supports tobacco prevention and control efforts in all 50 states, 7 U.S. territories, 7 tribal-serving organizations, 8 national networks, and the District of Columbia.

State Programs in Action: Georgia

In Georgia, the percentage of African American, Hispanic, and Asian women over 40 increased from 27.2% in 1997 to 30.5% in 2000. Studies show that cancer rates are higher—and screening and survival rates are lower—among some minority racial/ethnic groups. To reduce these health disparities, Georgia's Breast and Cervical Cancer Program is working to overcome the barriers that sometimes prevent women from receiving appropriate and timely screening, follow-up, and treatment for cancer. Client navigators (also called lay health advisors or community health workers) are used to provide outreach, education, and case management in underserved communities. They focus on overcoming specific obstacles to screening and care, such as transportation, lack of insurance, or language barriers. For example, one client navigator arranged for a quadriplegic patient to receive a Pap test and clinical breast examination at home and to be taken to get a mammogram. This strategy links more underserved women with the ongoing medical care they need and allows clinicians to focus on patient care. Client navigators also build trust between clients and the health care delivery system, dispel myths about cancer, and help women overcome their fears about getting screened or treated for cancer.

Future Directions

CDC will continue to expand its national partnerships, conduct research, provide technical assistance and training, and evaluate the impact of comprehensive cancer control programs. In addition, CDC will develop a national marketing strategy to increase support and understanding of comprehensive approaches to cancer control that will lead to a systematic change to improve cancer prevention and detection in our nation. This strategy will increase awareness of the potential benefits of a comprehensive approach, highlight the importance of integrating cancer programs, and show how this approach can reduce the nation's cancer burden.

For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention
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